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ALCOHOLIC LIQUORS IN THE PRACTICE OF MEDICINE.

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As no one inclines to answer the questions which I proposed in my first article, I will give my own crude notions upon the subject, hoping, at least, to elicit truth from others.

The first question—"Are alcoholic liquors indispensably necessary in the practice of medicine?" I answer in the negative.

Alcohol, by the physician, is used for three specific purposes.

First, as a stimulant in cases of debility.

Second, as a solvent for medicines that are insoluble in any other menstruum.

Third, to preserve vegetable compounds from decomposition.

As a *stimulant*, alcohol possesses great power, but its usefulness is not proportionate. Such is its peculiar nature, that it is very difficult if not impossible to adapt it to the wants of the system in a debilitated state. There is no doubt that a comet possesses wonderful propelling power; still it might be very difficult to make a practical and safe application of that power on a railroad. Take a patient reduced low by fever, for instance. Look at the state of the system and the condition of the various functions. Apply sound physiological and pathological principles, and ascertain the wants of the system; then look at the properties of alcohol, and see if it is capable of supplying them.

When reduced low by fever, the vital powers are nearly exhausted by the previous excitement and deficient nutrition. Is stimulation indicated? Does the patient need to have another excitement produced in the system, which will make a still greater draft on his latent nervous energies? Does he not rather require perfect rest and suitable nourishment? Undoubtedly, for nothing else can impart *real, permanent* strength, and restore the wasted powers of life. This is so plain that it can be understood by any reflecting person, without any knowledge of physiology. When the mass of the people, who have no medical education, shall get their eyes open and look into this subject for themselves, some of our learned craft will be ashamed of their own stupidity.

We will next look at alcohol and learn its nature; then determine whether it imparts any strength to the body. Alcohol, in all its forms, is a mere *stimulant*; or rather, with more propriety, it might be called an

irritant poison, possessing no tonic or strengthening properties whatever. The digestive organs have no power to change it, or extract from it any nourishing principle. Without undergoing any change, except what is produced by dilution, it is taken up by the absorbents, carried into the blood, and goes the rounds of the circulation. Thus, every organ and tissue in the body has an irritating poison brought into actual contact with it. This must be expelled without delay, or their vitality is endangered. An additional task is thus imposed upon the vital organs. The apparent increase of strength is nothing more than the latent nervous energies, aroused for the sole purpose of driving out this enemy from the body. When this task is over, there is still greater exhaustion. Nothing has been gained by the operation, but a positive loss has been sustained.

There are two other ways in which the presence of alcohol in the blood disturbs the vital functions. First, it interferes with the nutritive operations. Dr. Carpenter says, "Among the most important of the chemical changes which alcohol has the power of effecting, is the coagulation of soluble albumen; and although it will rarely, if ever, be introduced into the mass of the blood, or into the serous fluids of the tissues, by any ordinary alcoholic potations, in a sufficiently-concentrated state to effect this, yet we should anticipate that its presence, even in a very dilute form, must affect the chemical relations of albumen, and can scarcely do otherwise than retard that peculiar transformation by which it is converted into the more *vitalized* substance, fibrine." That such is actually the case, will be rendered probable by the considerations to be presently adduced.

"No considerable changes of a physical or chemical nature can take place in any of the animal tissues without disordering their *vital* properties also; and we have now to inquire into the mode in which these properties are affected by the contact with alcoholic liquids. In the first place, it would appear that the solidifiability of the fibrine, which is its special vital endowment, is impaired by the introduction of alcohol into the fluid that contains it; for when an animal is killed by the injection of alcohol into the bloodvessels, the blood often remains fluid after death, or coagulates but imperfectly. Now, as it is probable that nearly all the organized tissues are developed at the expense of fibrine, it is obvious that anything which impairs its organizability must have an injurious influence upon the general nutritive operations; and we shall hereafter find confirmation of this inference in that peculiar condition of the system which results from excessive habitual indulgence in alcoholic potations, and of which the imperfect elaboration of fibrine is one of the special characteristics."

This quotation needs no comment. It is quite obvious that any medicine, which so decidedly interrupts the restorative process, cannot impart strength to the exhausted body.

Secondly. The presence of alcohol in the blood disturbs the vital functions, by preventing the decarbonization of the blood through the agency of respiration. And here Dr. Carpenter shall speak for us again. "The alcoholic odor of the *breath* is a sufficient indication, that alco-

Alcoholic vapor is exhaled from the lungs in the act of respiration ; but the quantity of this is probably small in comparison with that which is carried off in another way, viz., by the combustive process which takes place in the blood at the expense of the oxygen it contains, and which converts the alcohol into carbonic acid and water ; both of which are set free by exhalation from the lungs. The readiness with which alcohol is thus oxydized, in fact, is probably one cause of its influence in giving a venous aspect to arterial blood ; since it will withdraw the oxygen from other substances which are waiting to be eliminated by the combustive process, and the accumulation of which will deteriorate the character of the fluid."

The injury arising from this source is proportionate to the quantity used. In health, no appreciable effect might be produced by the small quantities administered in sickness : yet we may safely infer that when the system is so much prostrated that the lungs can with great difficulty so far purify the blood as to enable it to stimulate the heart and brain to action, a very minute quantity of alcohol, by imposing an additional task, may cause a fatal result. The physician who prescribes alcohol under such circumstances, thwarts his own purpose. It has long since been known that it never imparts any *new* strength, but only makes a draft on what one already possesses. As in health, so in sickness, it is never capable of affording any other strength than is imparted by the lash to the jaded horse.

This being the case, it would seem to be self-evident that it can, in no case of prostration from fevers or any other debilitating causes, facilitate recovery. On the contrary, it must hasten death, when the nervous energies are too much exhausted to allow of the recovery without stimulation, and actually *cause* a fatal termination, when the vital powers are barely sufficient to keep up the action of the heart till they can be invigorated by rest and nutrition. It is only in cases where the patient has more strength than he actually *needs*, that it would be safe to stimulate with alcohol. The physician who prescribes port wine or any other alcoholic stimulant in such cases, does not understand the difference between stimulation and nutrition ; consequently, he fails to prescribe scientifically or successfully. A patient thus reduced may be compared to a lamp with the oil so nearly exhausted as to present but a slight flickering blaze. The gentlest motion or breath of air will extinguish it. It will burn for hours if not disturbed ; yet if you pick up the wick, a momentary flame is produced, and then entirely disappears. If you had carefully filled the lamp with oil, the flame would have been *permanently revived*.

So much for theory ; now for practice. A person is sick of fever, a crisis takes place at the proper time, the patient is convalescent, and the doctor recommends a little wine to strengthen him. Under its use the patient feels better, an appetite is excited prematurely, and indulged too freely. He grows worse, and is soon apprised by his physician that "he has been imprudent in eating and caused a relapse of the fever." Another has typhoid fever, is very feeble, and wine is resorted to, for the purpose of keeping up the strength. The vital powers are rallied, and

strong hopes are entertained of his recovery. But the next day, perhaps, an inflammation is developed in the brain, lungs, or abdominal viscera, and the symptoms become alarming. The doctor is summoned, and assures the friends that "another fever has set in, and he fears it will go hard with the patient."

It may be laid down as a rule, that if alcoholic liquors relieve, or seem to cure one disease, they cause some other, as bad or worse. The pleasurable feelings resulting from the stimulation lull all suspicion of the mischief going on, which is usually referred to the patient having "taken cold or eaten something to hurt him," or, as not unfrequently happens, that modern scapegoat *calomel* is obliged to bear away all the sin and reproach of this deleterious article. The necessity of stimulants, in such cases, is not so great as is generally supposed. The patient is not always dying when the pulse becomes very feeble and intermittent. This is no very uncommon occurrence when the excitement of fever is gone. If there are latent nervous energies, nature will call them into action; if there are none, stimulants will have no effect. I would not take the responsibility of deciding the point whether stimulants of any kind are ever beneficial in these cases; but I do venture the opinion, that if necessary, we have at our command many articles of that kind which should have the preference to alcohol. Of this character are ammonia, oil of peppermint and spearmint, ginger, Cayenne pepper, serpentaria, &c. Some of these act simply upon the *primæ viæ* as stimulants, and by sympathy upon the brain, heart and other vital organs. If we can give the desired impulse to the heart, brain and nervous system without subjecting these organs to the poisonous contact of alcohol, much is gained.

N. GILMAN, M.D.

[To be continued.]

South Deerfield, Feb. 7, 1854.

THE CIRCULATION OF THE BLOOD.

[Concluded from page 154.]

IF Mrs. Willard's theory is founded in truth, "a piece of apparatus" might be furnished, for its illustration, without troubling the "Smithsonian Institution." It might consist of a human body, no matter how long dead, if organization remained entire. The vascular system, being emptied of its blood, and filled with tepid water, the air-cells of the lungs should be injected, through the trachea, with water of a higher temperature; the injection alternating with a suction pump, for its removal, in imitation of respiration; thus heating and expanding, at intervals, the contents of the pulmonary capillaries. The contents of the bloodvessels should now be found coursing bravely, at every point of their circuit. Dr. Cartwright might propose to mend the experiment with a modicum of his "life"; but I counsel his fair protégé not thus to compromise the claims of "caloric," in the anticipated triumph. The doctor has become slippery, occasioned, doubtless, by the lubrication consequent on his frequent handling of alligators, in his play between

"life" extinct, and "life" suspended. Don't trust him; for, truth to tell, his "life" of the blood is a less reliable motive power than her own "caloric." I am as unsuccessful as herself, in conceiving how his "life" can explain or make intelligible his rationale of the circulation.

What is life? The principle of life, regarded as belonging to the aggregate of animal matter, constituting a human body, can only be known to be present, by certain phenomena appertaining to the body, during its union with this principle; and hitherto all attempts at description, or definition of its essence, have signally failed. The manifestation of the union of this "life" with the tissues of the body, may be nearly comprised in the properties of irritability and contractility; but the rationale of this union, the ultimate process by which it is maintained, or dissevered, I fear is beyond the ken of mortal eye, beyond the scope of human investigation. Thousands of instances occur where the cause of death, or the extinction of life, has eluded all the research that science and skill combined could command. The finger of God is applied, or withdrawn, and life ceases. This is the sum of our knowledge of the principle of life; and we know as little of its essence, as of the Divine existence.

But, admitting "life" to be the motive power, in virtue of its control over all the functions of the body, by which the relations it sustains to other objects may be changed; or by which the relations of its different parts with each other may be varied; still, the doctor rejects the vitality of all other tissues, and claims the "life" of the blood itself, exclusively, as the force by which it circulates. The body moves by the agencies contained within itself; locomotion is effected, and we are justified in supposing we understand the rationale of its performance. But the doctor's theory isolates the blood from all motive agencies, except its "life." Is the union of the "life" with the blood by chemical affinity? Or is it a solution; or a mixture? Is the "life" a biped, or a quadruped? Is it a piston, a tractor, or a lever? Does it push, pull, or pry? The doctor will do well to make terms at once, by resolving his own "life" into the "caloric" of his fair adversary; concluding with another distinguished theorist, that "heat is life."

There have been other projectors, among whom, if my learning be not at fault, was one Archimedes; who proposed to move the entire earth with "a piece of apparatus." Unfortunately, he just lacked a fulcrum. Modern theorists are less fastidious. If the fulcrum is at hand, very well; if not, they quietly finish their demonstration without it.

I beg the indulgence of the readers of the Journal, while I present a case of suspended animation, from my own practice, in which recovery was effected without artificial inflation of the lungs; and where the repudiated heart was the last organ to make manifestations of life, and the first to indicate its return. I do this, not for the purpose of questioning the propriety of inflation, as a means of resuscitation; nor intending to deny that it may often be indispensable to success; nor that I would now employ the means, then used exclusively, though successfully, otherwise than as auxiliary.

More than thirty years since, after a protracted attendance on a case

of typhus fever, I closed my patient's eyes with my own hands, supposing him to be dead. An hour was spent in the needful arrangements for such occasions, when a friend of the patient took my arm for a walk, it being on a pleasant afternoon in September. We were soon re-called, in consequence of the alarm of the attendants, who observed, while engaged in the usual offices for the dead, slight contortion of the muscles of the face. On my return, however, the only indication of life I could detect, was the slightest possible tremor, in the region of the heart. No attempts were made to inflate the lungs, which were as quiescent as those of the fœtus in utero. A large kettle of water, placed over the fire, *after* the supposed death of the patient, had become heated, to boiling; its presence, perhaps, suggesting the treatment pursued; which was all comprised in enveloping the entire body, at once, in thickly-folded sheets, saturated with the contents of the boiling kettle; hot as the hands of assistants could bear. The only motion given to the body, meanwhile, was lifting it on the hands, for the purpose of placing the folded sheets under it. This might have been repeated twice, or thrice; occupying, in the whole, at least thirty minutes, and probably more; making more than ninety minutes since the suspension of respiration. After this lapse of time, the tremor of the heart, previously so slight that I feared it might prove a mere illusion, became more evident; soon amounting to a distinct impulse, while the lungs were yet quiescent; but soon followed by slight convulsive struggles, speedily ending in re-establishment of respiration and circulation. To my great joy, the patient recovered, and probably yet lives.

If we claim the *skin* as the seat of the "motive power of the blood," and that circulation is maintained by the combination of caloric with that portion of blood contained in its minute vessels, thus expanding its volume; what better confirmation of the theory can be furnished than the case above cited? The skin has an obvious advantage over the lungs, in firmness of tissue, if not in extent of surface, affording a more reliable basis for sustaining propulsive force. In sober truth, the skin does, unquestionably, co-operate with the lungs, in some measure, in the process of oxygenation and decarbonization of the blood; carbonic acid, if I mistake not, being one of the products of cutaneous exhalation. May not this, and the following case, at least furnish a lesson on the folly of jumping at once at the conclusion, that the world is mainly indebted to Mrs. Willard's theory, illustrated by Dr. Cartwright's dissection of alligators, for the means of preserving health and restoring suspended life?

I beg indulgence for the egotism of the following case, as it is evidently inseparable from the *subject*. Fifty years since, on a hot summer day, with a group of school-boys, during recess at noon, I made my way from the village school-house to the banks of a considerable river, a mile distant. There were from twelve to fifteen boys, some of them good swimmers. My own purpose was to become a pupil in the art. Although the water was deep, the gradual slope of the banks and the sluggish current making *wading* practicable, I improved it, as a preliminary trial; pushing onward, as I thought, cautiously, intending to turn

when the surface reached my chin, and attempt swimming to the shore. Unfortunately, an abrupt inequality in the bed of the river took me by surprise, and suddenly engulfed me.

My own recollections of that incident do not correspond with those, recently published, I think, by some medical writer, in some journal or newspaper that has fallen in my way. In that case, occurring under like circumstances, the remarkable activity and rapid process of the memory were such, that all the forgotten incidents, actions and events of a life, were re-called to the mind, with entire distinctness; occupying, of necessity, but a few moments of time in the process. In my own case, there was only a confused apprehension of my condition; flitting visions of the tumult and alarm of my associates; a feeling of hopeless isolation from all human aid; an undefinable sense of constraint and discomfort; perhaps some bodily pain, but certainly no agony, though I was conscious I must die. In my own recollection, the time seems short, after my immersion, till I lost my consciousness. My next recollections are of bodily distress, surpassing in intensity, I think, anything I have suffered before or since. I found myself on the sand of the shore, in the hands of my companions, who were rolling me over its burning surface. It was a northern shore, and had a southern declivity; and was intensely heated by an unclouded meridian sun. My sensations cannot well be defined, but it was as if my body was sustaining the weight of a world, and every rotation it made seemed a redoubling of the intolerable agony of the pressure. At first, I was unable to intimate my wish to my deliverers, that they should desist. In due time, however, I succeeded in uttering a moan, to which they responded with joyful shouts, and redoubling their diligence in tumbling me over the sand. My restoration to life was soon completed. For what transpired during the interval of my unconsciousness, I can only depend on my recollection of the account rendered at the time, by that company of boys, among whom there were none more than 12 years old.

My associates were, soon after my disappearance in the water, aware of my peril, but for a short time surprise and terror disqualified them for action. They soon rallied, however, with the feeling that *a life* must be lost, unless rescued by themselves; and with the deliberation of men, formed their plan. To provide against the loss of another life in saving mine, they formed themselves into a line, those who could not swim taking the shore-end, where a sapling afforded a sure support. In this manner, holding each others' hands, the line was extended from the sapling towards the place where I was found, on the bed of the river; my body recovered, and brought on shore. They found me apparently dead; certainly exhibiting to *them* no signs of life, the skin being cold and livid, with entire suspension of respiration. The description of my appearance, subsequently given by my associates to my father, who was a physician, though not in these terms, was in language of the same import; satisfying him that I had been thoroughly drowned. Some time was lost in devising further measures for my relief; the distance to the village, with an intervening strip of forest, precluding all hope of seasonable aid in that direction. My deliverers were earnest in commend-

ing to each other, this and that expedient, till a master-spirit, in that band of miniature men, gained the attention of his associates, by quoting from his own little store of learning, an instance of recovery from drowning, effected by rolling the body in a barrel. But the barrel was unattainable. They decided promptly that the rotation of the body, and not of the barrel, was the gist of the matter, and proceeded at once to a practical illustration. The result having been given above, I have only to add, I am indebted for my life to the resources of a boy less than 12 years old, in planning and executing, with the aid of prompt and able coadjutors, an enterprise, which in France would have been a better passport to "immortality" than to have been the author of an unproved "theory." My benefactor's name was James Jones, and he probably still lives, in some of the western States.

I beg the indulgence of the editors and their readers for thus occupying the Journal with these somewhat irrelevant details. And yet, may not space sometimes be afforded for the record of a noble deed; and of one, especially, which though it might have done honor to mature manhood, was nevertheless prompted by the humanity and achieved by the unaided resources of a band of tiny school-boys.

But, not wholly to lose sight of the purpose of these details; in my own case, the body, being taken from the water, cold, livid, motionless and insensible, does the history of such accidents justify the conclusion that resuscitation would have been effected, had my body been rolled on the *shaded turf*, instead of the *hot surface of sand*, with its declivity towards an unclouded, vertical summer sun? Admit that in the act of rolling the body, the chest might have been slightly contracted and expanded; could it have been sufficient to have made inflation a primary or "chief" item in the process of restoration? If caloric is the motive agency, operating by expanding the volume of blood in the capillaries, surely, in both cases above cited, the vessels of the skin were favored with access to motive material, furnished by the hot water and the heated sand, in sufficient abundance to effect the "expansion" of their contents, which Mrs. Willard claims to be the propulsive force of circulation. In the former case it would be madness to claim that inflation of the lungs could have preceded the phenomena which denoted returning life. Would she have the temerity to claim that the heat was transmitted through the walls of the chest, from the hot water, to the blood in the pulmonary vessels, thus effecting circulation? Inasmuch as the cutaneous vessels were manifestly provided, both by extent of surface, and proximity to the hot water, with vastly better facilities for the expansion of their contents, than the vessels of the lungs, how will she prove that the skin in that instance, during the first moments of returning action, was not the seat of "chief" motive power? Has the organization of the minute vessels of the lungs a demonstrable peculiarity, by which it fits them exclusively for the expansion of their contents by caloric? Cannot heat be communicated to venous blood, independently of oxygen; and will it not expand it? Admitting expansion of blood in the capillaries to be the motive power, its seat could not be claimed exclusively or the lungs. It should be borne in mind that there are other processes

in the animal economy, besides aeration of the blood, during which caloric must be evolved. Does not the nutritive material contained in the aortic extremities, in the consummating act of nutrition, as it escapes from the capillary, and effects coherence with its appropriate tissue, change from the fluid to the solid form ; and can this change occur without evolving caloric ? And why may not this constitute an equal claim, on the part of the aortic terminations, to the seat of motive power ; the two poles of the circulation thus dividing the empire ?

But what proof has Mrs. Willard, that the caloric evolved in the lungs is mainly expended in the rarefaction of the blood ? May not pulmonary exhalation require an amount of caloric for its purposes, too large to leave anything more than the small remainder, which might be measured by the small difference between the temperature of arterial and venous blood, taken from any region of the circulation, near the aortic extremities ? How much caloric does it require to evaporate an ounce of water, having already the temperature of the blood ? I dare not trouble the "Smithsonian Institution" for the chemist to tell me ; but I have just been reversing the process, by puffing my own blow-pipe against a window pane, in an unwarmed room, the thermometer considerably below zero—and the result is refreshing—a sheet of ice, that would convert a glass of luke-warm water into a delicious beverage.

Have the relations of the nervous system to the circulation been sufficiently regarded, in the speculations of physiologists or pathologists, in their rationale either of healthy or diseased action ? There are many indomitable mysteries in these departments, that must probably find their solution in the future discovery of laws, appertaining to the nervous system, hitherto hidden from scientific research.

In relation to the subject of resuscitation from apparent death, there is one fact which not only militates strongly against Mrs. Willard's assumption, that it can only be effected by inflation of the lungs, but puts at nought a goodly portion of the current theorizing on the proximate agencies, ultimate processes, or rationale, appertaining to many of the phenomena of health, disease, and even death ! Many well-authenticated cases of resuscitation from apparent death have occurred, under circumstances that not only preclude the possibility that inflation of the lungs could have been accomplished, otherwise than as an effect of returning life ; but all other known or supposed means of exciting any of the actions appertaining to life, have been equally inaccessible. The supposed victim of death has been wrapt in his shroud, his face covered, and the apertures leading to the lungs compressed with bands ; the body confined, and laid in state, where no careless footstep might cause a vibration of his narrow house, where no spoken word might break the stillness of the air, where no genial warmth might intrude. Yet here, after a long repose, in the very stillness of death, life, not only unaided, but sorely encumbered by human appliances, has risen from its quiescence, and resumed its sway !

J. L. CHANDLER.

St. Albans, Vt., February, 1854.

SCIRRHUS OF THE BREAST—CASES, &c.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Having had some little experience in the treatment and removal of scirrhous tumors of the breast, by your permission I will present your readers with a brief report of the cases which I have had, the treatment, and the result of each case so far as time has developed it in reference to them.

CASE I.—In the autumn of 1848 I was called to visit Mrs. C., of Limerick, York Co., a lady about 60 years of age, who had a large scirrhous tumor upon the left side of the chest, involving, besides the mammary gland, all the soft parts about the breast; the circumference of the tumor being about twenty-five inches, and rising up some two and a half inches above the surface of the chest. The ulcerative process and granulations having been going on for more than a year, and the discharge being very abundant, the patient was much reduced as to strength, and the factor so great that life was truly a burden to her, especially in view of the sufferings which threatened to intervene before death should release her from them. She was accordingly very anxious for the removal of the tumor. But as there was evidence already of an enlarged and diseased state of the glands of the bowels, I was unwilling to attempt the operation, knowing full well that should the tumor be removed, and the wound heal up in due time, the disease would develop itself shortly in the bowels. But by the earnest entreaty of the patient and her friends, and the advice of the attending family physician, I removed the tumor, which weighed three pounds seven ounces.

The patient endured the operation well, and the wound, as large as it was, healed kindly in about six weeks after the operation. I gave the patient tonic bitters, bark and wine, taking care that the functions of the liver, bowels, kidneys and skin were duly performed. Under this treatment she apparently convalesced rapidly, left her sick-room, and assumed the care of her family, and it was generally supposed that a cure had been effected. In about twenty months, however, she was seized with diarrhoea, and rapidly run down, the bowels becoming tumid and tender upon pressure. Soon an effusion of water took place into the peritoneal cavity, and being relieved for a short time by paracentesis, she finally sank, expressing, however, to the last, her thankfulness that the operation was performed, inasmuch as she was relieved by it of the pain she had previously suffered, and the disagreeable stench of the tumor.

CASE II.—The same autumn I removed a scirrhous breast from Mrs. B——, of Hollis, aged about 55. The tumor was quite large, but not attached to the integument or to the subjacent tissue. It had been somewhat painful, and was quite sore upon pressure. As it was connected with the mammary gland, I removed it with the tumor, and also some enlarged glands between the tumor and the axilla. The wound healed kindly. The patient took some preparations of iodine, iodide of potassa, &c., and has occasionally resorted to some alterative medicines since. Up to this date, I believe the disease has not shown itself anywhere else in the body.

CASE III.—In June, 1849, I removed a scirrhus tumor with the breast from Miss B——, of Windham, aged 20 years. The whole glandular system seemed to sympathize in this case, although no other gland was permanently enlarged at the time of the operation. The wound healed kindly, and the patient was treated as was case No. II., and there has been no appearance of the disease since.

CASE IV.—In March, 1850, I removed a tumor just below the right breast of Miss B——, of Limerick, aged 50 years. This patient had been tampered with for two years by the application of the caustic potash, but "grew no better, but rather the worse." The tumor when I removed it was as large as a pint bowl. There was a very profuse discharge from it. The glands in the axilla were enlarged, and I dissected them out. The wound healed up readily, although the patient's general health at the time of the operation appeared to be very poor, her countenance being pale and pallid. By the use of bark and wine, and other tonics, her general health greatly improved, and it is now good, the disease never having shown itself anywhere else.

CASE V.—In June, 1850, I removed a scirrhus tumor with the left breast from Miss R——, of Standish, aged about 25 years. This case resembled Case III. in every essential particular. It was treated in the same way; but as the patient had always had an eruption upon the skin, I advised a seton in the side, issues, &c. The wound healed in due time. The patient was soon after married, has had one child, and has not as yet been troubled with a return of the disease.

CASE VI.—In September, 1851, I was called to remove a scirrhus tumor from the axilla of a lady, Mrs. L——, of Windham. She had, not a year previously, had the breast removed by another surgeon. The glands of the axilla were not then apparently diseased, though the result showed that it would have been safer to have removed them at the same time. I removed this tumor safely, although it was deeply imbedded in the axilla, filling the whole space, raising the arm by its size, and being strongly attached to the ribs, intercostal muscles, and also to the axillary vessels and nerve. This wound healed kindly; but in a few months another tumor appeared, somewhat remote from the axilla, in the cicatrix of the wound made by the removal of the breast. I removed that, and since then the disease has not developed itself anywhere else. The patient is robust and apparently healthy.

CASE VII.—In July, 1852, I removed a scirrhus tumor from the breast of Miss M——, of Scarborough, aged 27 years. Her general health was poor, and I found it necessary to give tonics and corrective medicines, some two or three weeks previous to the operation. As all the glands in the axilla and between the axilla and breast were somewhat enlarged and sensitive, I removed them. The wound healed well, and the patient's general health has greatly improved; her mind is much relieved, and there is now no appearance of a return of the disease.

CASE VIII.—April 22d. 1853, I removed a scirrhus tumor from the breast of Mrs. C——, of Windham, aged 51. The tumor was about the size of a hen's egg, attached to the integument over it as usual, but not to the muscle below. I removed the tumor, mammary gland, and

all the lymphatic glands in the axilla and between the axilla and breast. The usual symptoms had attended this case. The wound healed as usual. The patient has taken iodine and other medicines, and appears to enjoy good health, with no signs of return of the disease as yet.

CASE IX.—June 8th, 1853, I removed a scirrhous tumor, the mammary gland, and diseased lymphatic glands, in the vicinity of the tumor, from the right side of Mrs. B——, of Gorham, aged 26 years. The tumor, though small, was quite painful, and the patient suffered extremely from the fear of having a cancer of the breast. After performing the operation, I adopted the medical treatment alluded to in previous cases. The wound healed soon, and the patient has enjoyed good health since, and there is not as yet any appearance of the return of the disease.

My observations and reflections upon the cases above related have led me to the following conclusions:—

1st. That scirrhus of the lymphatic glands is a disease *peculiar* to females, and that its nature or origin is in some way connected with, or rather is the result of, some irregularity or suppression of the catamenial discharge. In every case I have seen, the enlargement of the gland was first perceived either about the “turn of life,” as it is called, or when there had been an irregularity, a partial or total suppression of this important evacuation from the system, from some constitutional or accidental causes.

2d. The *timely* removal of the scirrhous gland with the knife, with all those glands in its immediate vicinity which seem, from sympathy or proximity, to have imbibed the same disease, or, to say the least, are predisposed to put on the same form of it; with proper constitutional treatment, designed to purify, strengthen, and invigorate the system, will greatly *postpone* the further development of the disease in the system, and in perhaps about *two fifths* of the cases which occur before the age of *thirty years*, will effect a permanent cure. In such cases, where the general health can be *improved*, so that all the functions of the body shall be naturally performed, the prospect of a cure is much greater than where such changes cannot occur, as is the case after the menstrual period has fully passed. By a *timely* removal of the gland, I mean that the operation should be performed before the inflammatory stage, or the tumor has commenced its peculiar discharge. As soon as the discharge commences, and which does not occur, in my opinion, until the system has become prepared for it by the depressing causes which occasion the disease itself, all the glands in the body will be more or less affected, and an operation under such circumstances can only postpone the development of the disease for a brief period.

With these views of the subject I should in all cases, especially where the patient was anxious for it, recommend the exsection of the diseased gland, and the adoption of proper constitutional treatment, with the hope that if performed early, as before suggested, in *some cases* a permanent cure might be effected; and in others the development of the disease might be greatly deferred. The mind of the patient is generally much relieved after the removal of the tumor, which is an important consideration in such cases.

JAMES M. BUZZELL.

Portland, Me., March 10th, 1854.

"RETROVERSIO UTERI" CAUSED BY AN ENLARGED SPLEEN.

[Communicated for the Boston Medical and Surgical Journal.]

On the 13th of Nov. last I was called to see Mrs. E., of this city, aged 24 years, and married three months. She was to all appearance healthy—*embonpoint* good. I found her with symptoms of abortion, which all remedies failed to prevent. The embryo came away without untoward symptoms. I did not at the time suspect what the immediate cause was, but supposed she had, like many other women, in some way acted imprudently. She appeared to recover well at the time. I however confined her to the horizontal position as long as is usual at the full term of gestation.

I heard no more from her till about the first of January following, when I found her laboring under distressing weight and bearing-down pain in the pelvis, accompanied with tenesmus, and difficulty in emptying both the rectum and the bladder. From the symptoms, I suspected a retroversion of the womb; and upon examination, per vaginam, I found the fundus uteri firmly pressed down against the lower end of the bowel, a little enlarged and painful to the touch—aggravated, no doubt, by repeated efforts at expulsion. I immediately made an effort, both through the vagina and rectum, to replace the organ; but found so much pain to the patient and difficulty in raising it from its impacted position, that I desisted for the time, and requested advice and assistance, fearing adhesion. This resulted in another faithful, but fruitless, effort at restoration. Ordered a gum-bottle pessary for a support, while we combated inflammation with the usual remedies. This being accomplished to a certain extent, I made another examination, and found (as I thought) a pulsating tumor of very large size, filling up the cul-de-sac between the bladder and uterus—extending, however, more to the left side—pressing the organ firmly down in the position before mentioned; thus accounting for our inability to replace it.

I was now led to suspect the tumor might be an enlarged spleen, and by manipulating could easily trace its induration to the left hypochondriac region. I was here further strengthened in my opinion from her previous history, and ordered Fowler's solution and tinct. iodine, each five drops three times a-day, with friction of iodine ointment externally.

She is now slowly recovering. The tumor is seeming gradually to lift itself off from the oppressed womb, and that organ is assuming its normal position.

This case is interesting, chiefly on account of the uncommon cause (I do not remember to have seen it mentioned as a cause of retroversion), and, as I now think, being the cause of the abortion also, by encroaching upon the womb in its gestative process.

I have been induced to send you this case, by a request in a former number of your valuable Journal.

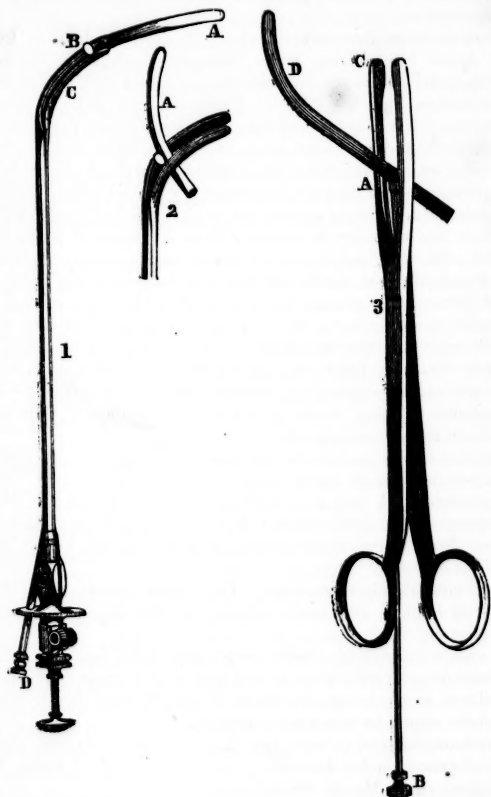
J. THARP, M.D.

Baltimore, Md., March, 1854.

FOREIGN CORRESPONDENCE—LETTER FROM PARIS.

[Continued from page 160.]

A FEW evenings since, M. Le Roy-d'Etiolles read before the "American Medical Society in Paris," a memoir which he had previously read before the Académie des Sciences, upon the means of extraction of foreign bodies from the bladder, other than those of calculi and their *débris*. He has presented heretofore papers to the Academy upon the same subject, but latterly has made some improvements in his ingenious



instruments. As you are aware, foreign bodies arrive in the bladder, sometimes by the natural way, and sometimes by wounds. The first

have, in general, an elongated form, and their diameters are inferior to that of the canal by which they have penetrated. These are ordinarily fragments of bougies, exploring instruments, hair-pins, &c. &c. The instruments of M. Le Roy-d'Etiolles may be said to act in two ways in the extraction of bodies: first, in seizing the object and adapting it in a manner to be withdrawn; and second, in removing it. I give you a drawing of three instruments—Nos. 1 and 2 for the male organs, and No. 3 for the female, although the two former can be used with facility in the female urethra.

Let us examine the operation of these instruments, as represented above. The bodies A and B, are seized, as in Nos. 2 and 3, and the little bar B, as seen in No. 3, pushes them towards the extremities of the instrument; at the same time turning them upon their axis, in the direction of the urethra, as is demonstrated in No. 1. This being accomplished, the instrument is withdrawn, generally with facility, bringing with it the object of its search. It is astonishing with what rapidity a portion of a bougie or other substance will be brought into line for withdrawal. The author has obtained some flattering results from another similar mechanism, which consists of a straight or curved tube, having a groove in one side to a certain extent. Upon the edge of this groove glides a demi-annular hook, which can exceed or project beyond the edge of the tube, in obedience to the bar, as shown in the cut. By this instrument several hair-pins have been extracted; being seized by the hook, they are easily bent and disappear within the tube, and can be brought out while the tube remains in the urethra. In his memoir, M. Le Roy-d'Etiolles related numerous examples of success obtained by his divers instruments. One, the most remarkable, was that of a General, who had broken in his bladder a large gutta-percha bougie. Forty-three attempts were made to extract it by several surgeons of note, without success—but the first trial with his *extracteur à crochet semi-annulaire* removed the object.

He has also obtained some interesting results by the application of electro-magnetism in the extraction of fragments of metallic instruments broken in the bladder. It results from his experiments, that to produce an adherence between the catheter *en fer* and objects to be withdrawn, not less than 25 to 30 couple of the pile of Buntzes is needed.

Also M. Robin, *agrégé* of the Faculty of Medicine, and a microscopist of distinction, gave, not long since, a lecture before the American Society, upon some of his researches on the subject of spermatorrhœa, fecundation, and the philosophy of hereditary taint. His researches are recent, and have been conducted with much care, and he differs somewhat from those who have published their experiences heretofore. I would gladly give the substance of his remarks, but he has in preparation a book, which will embrace his views upon these intricate subjects, and therefore I forbear.

[To be continued.]

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 29, 1854.

The late Dr. Shattuck.—At a meeting of the Suffolk District Medical Society, holden March 25, 1854, the following remarks were offered by Dr. BIGELOW, and the accompanying resolutions unanimously adopted by the Society.

MR. PRESIDENT,—I do but unite in the expressed wishes of many members of this Society, when I endeavor to give utterance to the prevailing sentiment awakened among us by the death of our distinguished associate, Dr. George C. Shattuck.

Personally, I have cause to pay a tribute of remembrance and regret to one who was an early professional friend, and towards whom through life I have sustained relations of friendly intercourse and regard. As long ago as the period of my medical pupilage I was placed by chance under the same roof with himself, then a practitioner of medicine. And I acknowledge with gratitude the encouragement which I derived from his counsel, as many others have since done, in the prospect of a dubious future.

Dr. Shattuck was gifted above common men in the faculties of quick discernment and ready adaptation. His conversation was impulsive, prompt and persuasive, and the results of his judgment were much enforced by the honest and earnest manner in which he gave them expression. His moral qualities were fidelity and truth, deep sensibility to domestic affections, persevering attachment through all vicissitudes to his familiar friends, kindness to those who were thrown upon his assistance, and tolerance to the world beside. In early life, his temperament and conscious talent led him into occasional controversies. But these were soon merged in liberal and just respect for those whose character and claims had been placed by circumstances in conflict with his own. To his earlier friends his attachment was unwavering and undiminished by misfortune, and even descended in acts of substantial kindness from the parents to the children. To young men of his own, and of other professions, he rendered friendly offices, enhanced by the value of his practical advice.

As a medical man, Dr. Shattuck had been educated in the school of Rush, and retained through life a partiality for active remedial treatment in disease, sometimes exceeding in energy that of his professional brethren. Nevertheless, his discrimination in disease was ready and acute, and he brought to the aid of his patients the advantages of a quick eye, a large experience, a kind heart, and a prompt interposition of the appliances of the healing art.

His last illness was an example worthy of all imitation. Declining with slow and certain progress under a chronic disease of the heart, he awaited the approach of death with patience and satisfaction of life. Resigned and uncomplaining under his bodily afflictions, firm but not ostentatious in his Christian trust, he felt neither fear nor regret in the prophetic foresight of his dissolution. His natural tones of voice and wonted cheerfulness of manner remained with him to the end. Having visited him at various times during his illness, my final interview took place on the last day of his life. He was sitting up for easier respiration, and had been for some

hours in an almost lethargic state. On my addressing him he opened his eyes, extended his hand, and began to converse, at first with slow and difficult utterance, but soon afterwards with his customary distinct and connected manner. He spoke of his increased confidence in the powers of the healing art, even were it only for its beneficent effect in the palliation of suffering. He alluded in tones of cheerfulness to various past events, to circumstances relating to persons then present, and to his approaching end. On my rising to depart, he extended his hand, already pulseless, and said, "I hope our last interview has been as agreeable as our first." I am told he spoke but little afterwards.

With the consent of the Society I will offer for their acceptance the following resolutions:—

Resolved,—That this Society receive with deep sensibility the visitation of Providence which has taken from their number one of their most eminent and venerated associates.

Resolved,—That in the life and character of the late Dr. Shattuck, we find much to remember and respect, of social and domestic virtue, of high and honorable purpose, of philanthropy, of talent, and of comprehensive knowledge.

Resolved,—That many of us hold in grateful recollection, the support, the courage, the incentives to perseverance, which in early life we derived from his intercourse, his sustaining counsel, his direct and eloquent expositions of the path of duty and honor, his personal efforts and offices of kindness seldom withheld from those who had just claim to his esteem.

Resolved,—That we appreciate the liberality with which he gave from his abundance to the support of various objects of social improvement, of moral reform, of scientific education and progress, adding another light to the constellation of public benefactors by which this city has been long and eminently distinguished.

Resolved,—That we recognize and hold in honorable remembrance his numerous deeds of secret beneficence, known only through the gratitude of their recipients, exhibited not merely in bounty to the necessitous, but in gratuitous acts of personal attention to the afflicted, the suffering, the lonely, —forming a crowning grace to his elevated and truly Christian character, and surrounding his memory with the approval of the good, and the blessings of the unfortunate.

Resolved,—That the sincere and deep-felt sympathy of the Suffolk District Medical Society be offered to the family of the deceased, with the trust that the affliction which has fallen on them by this act of Providence, may be tempered by the consideration that in mature age he has descended to the grave, without change of character, and with a trustful, resigned and unclouded intellect.

On motion of Dr. G. S. Jones, it was

Voted, That the above resolutions be entered at large on the Records of the Society, that a copy be sent to the family of the deceased, and that they be published in the Boston Medical and Surgical Journal and in the Boston Daily Advertiser, signed by the President and Secretary.

JOHN B. ALLEY, *Secretary*.

JOHN HOMANS, *President*.

In addition to the above proceedings of the Suffolk District Medical Society, we are enabled to present the following votes of the Trustees of the Massachusetts Gen. Hospital, respecting our departed friend. At a meeting of the Board of Trustees, March 19th, 1854, the decease of Dr. George C.

Shattuck, for many years a consulting Physician of the Institution, having been announced by Dr. Dale, one of the Visiting Committee for the month, it was Voted:—

That this Board have received the intelligence of the decease of Dr. Shattuck with deep regret.

That they remember, with grateful satisfaction, his long and useful connection with the Institution, as one of the Board of Consultation.

That, in common with the citizens of Boston, they deplore his loss, as one who, through a long and eminent career in his profession, was distinguished for acts of disinterested benevolence to the poor, making his memory dear to the community.

That his munificent donations to the cause of learning and humanity, entitle him to the distinction of a public benefactor.

That in honor of his memory, a record of these proceedings be made and transmitted to the family of the deceased.

Attest, M. MORTON, Jr., Sec'y of the Corporation.

Drs. Simpson and Henderson on Homœopathy.—On a former occasion, an examination was had of a work by Prof. Simpson, of Edinburgh, which explained and fairly set forth the pretensions of homœopathy. That work moved the elements on both sides of the Atlantic, owing in a great measure to the reputation of the author, who is a man of rare powers. Although he is not the only one who has fearlessly combated the heresy, yet few have given the subject a more thorough or a closer analysis. As might have been expected, a champion at once arose to vindicate the assailed doctrine. A more earnest one could hardly have been selected. William Henderson, M.D., also of Edinburgh, is the author of a reply to Prof. S. He has stepped forth, armed with a consciousness at least of being a defender of the faith, and jealous of the reputation of his pet. Messrs. Lindsay & Blakiston, of Philadelphia, have republished both works; and now both the friends and foes of the two systems may feast themselves on the sayings and doings of the rival authors. Homœopathy, by the by, has been so constantly the theme of medical writers and orators for the last five and twenty years, that it would be quite ridiculous for us to add to the accumulation, beyond declaring, as on all former occasions, that there is no appreciable difference between the little doses of the true disciples of Hahnemann, and no doses at all. Still, as to quarrelling with gentlemen who happen to differ from us in respect to the action of a dose of medicine, we abominate the thought. To fight to prevent the diffusion of a theory or the registration of what may be called facts, would be absurd in this age of free and bold inquiry. Notwithstanding the watchful opposition to homœopathy, in all countries, on the part of those who are of the regular faculty the doctrine has grown and spread. All the while, however, it may be none the less a delusion; a phantom, a dancing Jack for the amusement of that class of mankind who imagine they are benefited by pellets of sugar of milk, as inert and harmless as dew. The pages in the volume by Dr. Henderson, who is professor of general pathology in the University of Edinburgh, contain no new arguments, so far as we can discover, no startling developments, or any feature that convinces one that the author is a man of extraordinary power. We sincerely trust that the foes as well as friends of homœopathy will study Dr. Henderson's chapters, principally because they are connected with the present state of medical literature. There are 302 pages, octavo, in the work, which is well printed, on clear paper.

Tremont Medical School.—A catalogue of the past and present students of this popular school, has been received. The school was founded in 1838, and since that period, up to the present time, it has been in a highly prosperous condition. The instructors are gentlemen eminently qualified to guide the student through his medical studies; and with one exception are professors in the Medical Department of Harvard University. The catalogue for this year numbers fifty-two students.

Spirit Rappings and Table Tipping.—Prof. Faraday, of England, seems to have the credit of first exposing the fallacy of table tipping, by mechanical tests; but, if we are not greatly mistaken, one of our own countrymen had instituted a series of experiments more conclusive than Faraday's, inasmuch as they give the "tippers" no chance on the scapegoat of electricity. This was done several months before Faraday's exposition was made known, and even before the spirit rapping mania had gone to England. We make these remarks in order to set the matter right, and to give the credit of first exposing this fallacy to Dr. C. G. Page, of Washington, D. C., to whom we think it belongs.

Medical Miscellany.—Dr. L. F. Fisher has been elected mayor of Camden, N. J. Dr. Samuel Cony was elected mayor of Augusta, Me., on Friday last, on the third trial. We believe that six physicians have now been elected mayors within an area of 400 miles, since January last. "There is a good time coming" surely.—Several cases of hydrophobia have proved fatal within a few days in New Jersey.—Dr. Spear, of Melonville, Florida, has raised 20,000 lemons from 250 trees. He is the largest lemon-grower in the country.

PAMPHLETS RECEIVED.—The Annual Report of the Officers of the New Jersey State Lunatic Asylum.—Catalogue of the Officers and students of Stirling Medical College, (Columbus, Ohio, for the session of 1853-54).—Registration of Births, Marriages and Deaths in Kentucky, for 1852, by Dr. W. L. Sutton—a valuable document.—Report of the Board of Trustees of the Massachusetts General Hospital; also the Thirty-sixth Annual Report of the Physician and Superintendent of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital.—Valedictory Address to the Graduating Class of the Female Medical College of Pennsylvania, for the session of 1853-54, by E. Harvey, M.D.—A Report on the Health and Mortality of the City of Memphis for the year 1853, by Dr. Charles T. Quillard—an interesting paper, which we shall refer to again.

TO CORRESPONDENTS.—The writer of a communication upon "Mesmeric Delusion," is informed that his paper is inadmissible, inasmuch as it has already appeared in one of the weekly papers over the initials of his name; and besides, mention was made of the occurrence that he alludes to, in the last number of our Journal. The author was not probably aware of the awkward position he would have placed us in, if we had published his communication. When a communication in manuscript is sent us, we take it for granted that it has not appeared before in print, unless mention is made of the fact.—Since our last issue the following papers have come to hand: Biographical Sketch of the late Archibald Welch, M.D.; Involuntary Seminal Emissions; Empiricism.

MARRIED.—At Yorkville, N. Y., W. M. Freeman, M.D., to Miss V. Quackenboss.

Deaths in Boston for the week ending Saturday noon, March 25th, 77. Males, 42—females, 26. Accidents, 2—apoplexy, 1—bronchitis, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 12—convulsions, 2—croup, 4—dysentery, 1—diarrhoea, 2—dropsy, 1—dropsy in the head, 2—drowned, 1—infantile diseases, 2—puerperal, 1—erysipelas, 2—scarlet fever, 1—hooping cough, 2—disease of the heart, 1—inflammation of pleura, 1—intemperance, 1—inflammation of the lungs, 10—disease of the liver, 1—marasmus, 3—measles, 1—rheumatism, 1—inflammation of the stomach, 1—scrofula, 1—smallpox, 4—teething, 6—thrush, 3—tumor, 1—unknown, 3.

Under 5 years, 38—between 5 and 20 years, 10—between 20 and 40 years, 13—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 56—Ireland, 14—British Provinces, 3—England, 2—Germany, 2. The above includes 7 deaths in the city institutions.

Ministers and Doctors.—The following is copied from the Boston Evening Transcript, and embodies sentiments which we fully endorse. It has been noticed before by non-professional men, that the clergy were too often ready to lend the use of their names in recommending quacks and their nostrums. If this is considered in bad taste by the intelligent portion of our citizens in general, the profession cannot be blamed for condemning it, and shaping their course accordingly, although disposed to be extremely charitable towards the clergy.

"The Worcester doctors have voted to charge clergymen the same as other patients for medical advice and attendance. They say that when the ministers will preach without pay, they will physic on the same terms.

"Although it has from time immemorial been the practice of physicians of this city to attend the clergy gratuitously, there is probably no class in the community so prone to patronize the numerous quack medicines of the day, as the latter. Scarcely a new medicine is advertised in the newspapers, without showing among its most enthusiastic encomiums, the certificate of some member of the clerical profession, who, by thus endorsing error, nullifies his own teachings, and gives whatever influence he possesses to that which is of very questionable good."

Opening of the Public Library in Boston.—By invitation of the Trustees, the city authorities and many of our distinguished citizens were present last Friday evening, at the rooms of the City Library, in Mason street, preparatory to their being opened to the public. It was a very interesting occasion. Speeches were made by his Honor the Mayor, the venerable Dr. J. C. Warren, Hon. Abbott Lawrence, Prof. Geo. Ticknor, Mr. Folsom, the Librarian of the Athenæum, and by Ex-Mayors Bigelow, and Quincy, Jr. Dr. N. B. Shurtleff, one of the trustees, was complimented by several of the speakers, for his indefatigable zeal in forwarding the great work of collecting and arranging so large and valuable a collection of books. We understand it is intended to have, in the library, all the standard medical books printed in the English language, which will be a new and important feature in an extensive public library. We congratulate the Trustees on the successful accomplishment of their labors thus far, and hope our city government may ever be as fortunate in obtaining the services of able gentlemen for the management of the institution.

"The Blister and Critic."—The names of Lancet, Stethoscope, Probe, Scalpel and other instruments have been used for designating medical periodicals; but we do not remember seeing the name of a medicine, or a process in medical practice, in the christening calendar before now. "What's in a name?" We think there is something dreadful in one, sometimes. Such were our musings on looking upon the first number of "The Georgia Blister and Critic," a monthly Journal, to be "devoted to the development of Southern medical literature, and the exposition of the diseases and physical peculiarities of the negro race." It is to be edited and published by H. A. Ramsay, M.D., at Atlanta, Geo. The editor is not unknown to our readers, as many articles of practical value from his ready pen have appeared in our pages. The typographical appearance of the work is good, and we hope our cotemporary may never ground his bark upon the "sand banks and shoals" which he speaks of, but long continue to apply his "blister," when that form of medication may be needed, even if it produces great irritation.